

Fee Determination - When Clients/Parents of Clients Refusing to sign

Purpose: The Fee Determination screen tracks financial eligibility for the client. When a client refuses to sign a Fee Determination, they become financial responsible for 100% of the billed services.



The Fee Determination is required on all clients accessing mental health services. A Fee Determination record shall be completed at intake and a new Fee Determination record shall be completed annually (or more frequently if the individual/family circumstances significantly change). Financial responsibility is determined by fee schedules listed in IDAPA 16.07.01.300.

Begin by logging into WITS.

18.10.2

WITS Idaho-WITS Training Logout

User: Brownfield, Michelle | Location: IDHW, DBH, Region 4, Boise | Video | Snapshot

Home Page
Agency Contacts
▶ Agency
▶ Dispensary
▶ Group List
Clinical Dashboard
▶ Client List
▶ System Administration
Reports

There are currently 9 people that have been referred in.

Home

Announcements

Actions	Summary	Posted Date	Start Date	Priority
	Welcome to the WITS Training site.	4/25/2011 6:12 PM	4/25/2011	N

Alert List

Actions	Alert Type	Client Name; ID	Applies To Staff	Message	Facility	Date Due
	<input type="checkbox"/> Consent Expiration	Testing, 17.5 AMH; 206091800000304	N/A	This client has a consent form that has expired or will be expiring in the next 30 days. Please go to the collateral contacts page under client profile and find out which consent has expired and update.	Boise	10/6/2015

Schedule for: Start Date: 7/29/2016 | End Date: | Refresh Search Calendar | Edit/Add Schedule

Actions	Start	End	Summary	Status
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1. From the Home Page, start by clicking **▶ Client List** on the Blue Navigation Pane.



Searching with an asterisk may come in handy with a name such as 'Anderson.' By typing in 'ander*', you will return results for clients who spell their name with an 'o', or and 'e' at the end.

The screenshot shows the 'Client Search' form in the WITS system. The form includes various search criteria: Agency (IDHW, DBH, Region 4), Facility (dropdown), First Name (client), Last Name (19*), SSN, DOB, Idaho-WITS Training Client Id, Unique Client Number, Provider Client ID, Treatment Staff (dropdown), Primary Care Staff, Case Status (Clients with Open Cases), Intake Staff, Other Number, and Number Type (dropdown). There is also a checkbox for 'Include Only Active Consents' set to 'Yes'. At the bottom right of the form are 'Clear' and 'Go' buttons. Red boxes highlight the 'First Name' and 'Last Name' fields, the 'Case Status' dropdown, and the 'Go' button. Red arrows point to the 'Last Name' field and the 'Go' button.

Client Search

Agency IDHW, DBH, Region 4 Facility

First Name client Last Name 19*

SSN DOB

Idaho-WITS Training Client Id

Unique Client Number Provider Client ID

Treatment Staff Primary Care Staff

Case Status Clients with Open Cases Intake Staff

Other Number Number Type

Include Only Active Consents Yes

Clear Go

Client List (Export) [Add Client](#)

Actions	Unique Client #	Full Name	DOB	SSN	Gender

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

2. Search for your client. You can use any of the criteria listed under the 'Client Search' bar. If you aren't sure how a name is spelled, you can use an asterisk (*) as a 'wildcard' before or after any part of the name to return results that match. The client will have an open case since Central Office Staff have notified the Region a mental health assessment is needed so make sure that you add clients with Open Cases to your search criteria. Always click **Go** to start a search in WITS.

Client Search

Agency IDHW, DBH, Region 4
Facility

First Name client
Last Name 19*

SSN
DOB

Idaho-WITS Training Client Id

Unique Client Number
Provider Client ID

Treatment Staff
Primary Care Staff

Case Status All Clients
Intake Staff

Other Number
Number Type

Include Only Active Consents Yes

Clear Go


Client List (Export) Add Client

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	10827169000003L	19-2524, Client	8/27/1969	000-00-0000	Male
	Profile	Activity List	Linked Consents		

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender

125%

- Once you've found the client in the Client List, hover over the  and click **Activity List**.

User: Brownfield, Michelle | Location: IDHW, DBH, Region 4, Boise | Snapshot

Client: Anderson, Russell | 10604180359818U | 2 | Clear Client

- Home Page
- Agency Contacts
 - Agency
 - Dispensary
 - Group List
- Clinical Dashboard
- Client List
 - Client Profile
 - Gain Short Screener
 - Benefit Application
 - Linked Consents
 - Client Contacts
 - Non-Episode Contact
 - Activity List
 - Intake
 - Client Eligibility
 - Fee Determination**
 - Court Monitoring

Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	8/24/2016	6/15/2012	Completed
	Intake Transaction	8/24/2016	8/31/2016	Completed

4. Once you're in the activity list, click **Fee Determination** on the blue navigation pane.

Fee Determination List

Actions	Fee Effective Date	Gross Annual Income	Number in Family	Total Annual Deductions	Adjusted Annual Income	Fee Percentage	Status

Add New

5. Click **Add New**.



You do not need to update the information in the allowable monthly deductions section. Once you indicate that the client did not sign the fee determination and select a reason, these fields become empty and will no longer be required.

Fee Determination Profile

Effective Date: 8/31/2016

Monthly Income (from all sources):

Number in family (including client): 0

Has client signed paper form?

Has staff member signed form?

Gross Annual Income: \$0.00

Total Annual Deductions: \$0.00

Adjusted Annual Income: \$0.00

Fee Percentage:

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Court Ordered Obligations	\$0.00
Dependent Support	\$0.00
Child Care Expenses Necessary for Parental Employment	\$0.00
Medical Expenses	\$0.00
Transportation	\$0.00
Extraordinary Rehabilitative Expenses	\$0.00
State and Federal Tax Payments (including FICA taxes)	\$0.00
Total Monthly Deductions	\$0.00

Administrative Actions

[Calculate Fee Percentage](#)

Cancel Save Finish

6. Complete the following fields:

- Effective Date – the field populates with today's date. Change to reflect the appropriate date or use the date picker to select the date.
- Monthly Income (from all sources) – enter client's income or enter zero if the client will not provide the information.
- Number in Family (including client) – enter number of people in client's family.
- Has Staff member signed form – select No.

7. Click

Save

Fee Determination Profile

Effective Date

8/31/2016

Has client signed paper form?

Has staff member signed form?

No

Monthly Income (from all sources)

\$0.00

Number in family (including client)

1

Gross Annual Income

\$0.00

Total Annual Deductions

\$0.00

Adjusted Annual Income

\$0.00

Fee Percentage

0%

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Court Ordered Obligations

\$0.00

Dependent Support

\$0.00

Child Care Expenses Necessary for Parental Employment

\$0.00

Medical Expenses

\$0.00

Transportation

\$0.00

Extraordinary Rehabilitative Expenses

\$0.00

State and Federal Tax Payments (including FICA taxes)

\$0.00

Total Monthly Deductions

\$0.00

Administrative Actions

[Calculate Fee Percentage](#)

Cancel

Save

Finish

8. Select No to indicate the client has not signed the paper form.

Fee Determination Profile

Effective Date

8/31/2016

Has client signed paper form?

No

Reason Not Signed

Has staff member signed form?

No

Monthly Income (from all sources)

\$0.00

Number in family (including client)

1

Gross Annual Income

\$0.00

Total Annual Deductions

\$0.00

Adjusted Annual Income

\$0.00

Fee Percentage

0%

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Court Ordered Obligations

\$0.00

Dependent Support

\$0.00

Child Care Expenses Necessary for Parental Employment

\$0.00

Medical Expenses

\$0.00

Transportation

\$0.00

Extraordinary Rehabilitative Expenses

\$0.00

State and Federal Tax Payments (including FICA taxes)

\$0.00

Total Monthly Deductions

\$0.00

Administrative Actions

[Calculate Fee Percentage](#)

Cancel

Save

Finish

9. Select the reason not signed.



When you select the reason the client refused to sign the fee determination, all of the monthly deductions are not required and the values are removed.

Fee Determination Profile

Effective Date: 8/31/2016

Has client signed paper form? No

Reason Not Signed: Refused to Provide Information

Has staff member signed form? No

Monthly Income (from all sources): \$0.00

Number in family (including client): 1

Gross Annual Income: \$0.00

Total Annual Deductions: \$0.00

Adjusted Annual Income: \$0.00

Fee Percentage: 0%

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Court Ordered Obligations	
Dependent Support	
Child Care Expenses Necessary for Parental Employment	
Medical Expenses	
Transportation	
Extraordinary Rehabilitative Expenses	
State and Federal Tax Payments (including FICA taxes)	
Total Monthly Deductions	

Administrative Actions

[Calculate Fee Percentage](#)

Cancel Save Finish

10. Select Yes to indicate the staff member has signed the fee determination.

Fee Determination Profile

Effective Date: 8/31/2016

Has client signed paper form? No

Reason Not Signed: Refused to Provide Information

Has staff member signed form? Yes

Monthly Income (from all sources): \$0.00

Number in family (including client): 1

Gross Annual Income: \$0.00

Total Annual Deductions: \$0.00

Adjusted Annual Income: \$0.00

Fee Percentage: 0%

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Court Ordered Obligations:

Dependent Support:

Child Care Expenses Necessary for Parental Employment:

Medical Expenses:

Transportation:

Extraordinary Rehabilitative Expenses:

State and Federal Tax Payments (including FICA taxes):

Total Monthly Deductions:

Administrative Actions

[Calculate Fee Percentage](#)

Cancel Save Finish

11. Click

Save

The client has been informed that a refusal to sign the form will cause the fee determination to be 100% and that he or she will be responsible for the total bill.

Yes No

12. Click Yes to confirm the client understand they are now 100% financially responsible for the total bill.

on: IDHW, DBH, Region 4, Boise

Client: Sample, Adult | 10315182000001D | 1 [Clear Client](#)

[Generate Report](#) | [Snapshot](#)

Fee Determination Profile

Effective Date	8/31/2016	Has client signed paper form?	No
		Reason Not Signed	Refused to Provide Information
		Has staff member signed form?	Yes
Monthly Income (from all sources)	\$0.00	Gross Annual Income	\$0.00
Number in family (including client)	1	Total Annual Deductions	\$0.00
		Adjusted Annual Income	\$0.00
		Fee Percentage	100%

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Court Ordered Obligations	
Dependent Support	
Child Care Expenses Necessary for Parental Employment	
Medical Expenses	
Transportation	
Extraordinary Rehabilitative Expenses	
State and Federal Tax Payments (including FICA taxes)	
Total Monthly Deductions	

Administrative Actions

[Cancel](#) [Save](#) [Finish](#)

13. The fee determination is read-only and the fee percentage is now 100%. Click [Generate Report](#) to print a copy of the fee determination or click [Finish](#).

IDHW, DBH, REGION 4
FEE DETERMINATION

SECTION I – CLIENT/RESPONSIBLE PARTY INFORMATION:

Client's Name: Sample, Adult SSN: 000-00-0000

Section II – FEE DETERMINATION:

(Your income, minus allowable deductions and the number of dependents in your household will be used with our sliding fee scale to determine what percentage of our fees you will be required to pay.)

Gross Monthly Income: \$0.00
Number of Dependents in Household: 1

Allowable Monthly Deductions:

1. Court Ordered Obligations:
2. Dependent Support:
3. Child Care Expenses Necessary for Parental Employment:
4. Medical Expenses:
5. Transportation:
6. Extraordinary Rehabilitative Expenses:
7. State and Federal Tax Payments (including FICA taxes):
8. Total Monthly Deductions:

(Office Use Only)

Sources of Income/Deduction Verification: _____

Total Monthly Income: \$0.00
Allowable Monthly Deductions: - _____
Adjusted Monthly Income: _____ X 12 = _____ Adjusted Annual Income: _____

SECTION III – PAYMENT AGREEMENT:

Under Sections 16-2433, 19-2524, 20-520(i), 20-511A, and 39-3137, Idaho Code, the Director is authorized to promulgate, adopt, and enforce rules for the charging of fees for services provided by mental health and substance use disorders providers. Under Section 39-309, Idaho Code, the Board of Health and Welfare is authorized to promulgate, adopt, and enforce rules for the charging of fees for services provided by mental health and substance use disorders providers.

Based on your adjusted annual income and the number of dependents, it has been determined that your financial responsibility will be 100 percent of the fees charged for services. This includes any portion of your fees not covered by insurance, CHAMPUS, or services not covered by Medicaid.

Confidential for Sample, Adult, IDHW, DBH, Region 4

I affirm that the statements made by me herein are true and correct to the best of my knowledge.

I understand that I am responsible for the total amount due by me and agree to pay at the time of service or on a monthly basis as per prior arrangements. If it becomes necessary for IDHW, DBH, Region 4 to initiate collection action to recoup unpaid fees, I understand that I am responsible for all cost incurred by IDHW, DBH, Region 4.

Reason not signed: Refused to Provide Information

Client/Parent/Responsible Party Signature _____


Date _____


I affirm that I have requested verification of income and allowable monthly deductions from the family. I have accurately and completely documented all information made available to me, attached copies of all available documents verifying income and monthly expenses, and used information provided to me to calculate the family's share of cost according to Division of Behavioral Health rules.

Staff Signature _____

Date _____

14. The report displays in another window and includes the reason the client did not sign the fee determination. Close this window when you are finished.

on: IDHW, DBH, Region 4, Boise  Generate Report | Snapshot

 **Client:** Sample, Adult | 10315182000001D | 1 Clear Client

Fee Determination Profile

Effective Date	8/31/2016	Has client signed paper form?	No
		Reason Not Signed	Refused to Provide Information
		Has staff member signed form?	Yes
Monthly Income (from all sources)	\$0.00	Gross Annual Income	\$0.00
Number in family (including client)	1	Total Annual Deductions	\$0.00
		Adjusted Annual Income	\$0.00
		Fee Percentage	100%

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Court Ordered Obligations	
Dependent Support	
Child Care Expenses Necessary for Parental Employment	
Medical Expenses	
Transportation	
Extraordinary Rehabilitative Expenses	
State and Federal Tax Payments (including FICA taxes)	
Total Monthly Deductions	

Administrative Actions

Cancel Save Finish

15. Click

Finish